

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1						
2	1		1	1						
3		1	1	1						
4				1						
5	1		1	1						
6		1		1						
7		1		1						
8		1		1						
9		1		1						
10		2		2						
11		2		2						
12	1		1							
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50										
TOTAL IND.	8	↓	8	↓		↓	TOTAL IND.	↓		↓
TOTAL DEP.	14	↓	21	↓		↓	TOTAL DEP.	↓		↓
TOTAL CLAIMS	22		29				TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1360 (REV 3-78)

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